



Atty Dkt No. PP00926.106  
2300-0926.05  
PATENT

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Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

HOUSTON et al. Confirmation No.: 9213  
Serial No.: 09/887,853 Group Art Unit: 1642  
Filing Date: June 21, 2001 Examiner: HELMS, L.R.  
Title: BIOSYNTHETIC BINDING PROTEINS FOR IMMUNO-TARGETING

**AMENDMENT UNDER 37 CFR §1.116**

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

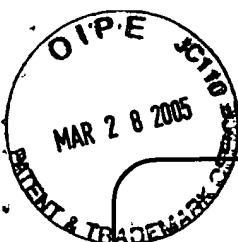
Sir:

This is in response to the Office Action mailed January 3, 2005, with a shortened statutory period of three months for response. Accordingly, this response is timely filed.

Reconsideration of the application in view of the following amendments and remarks is respectfully requested.

A listing of claims begins at page 2 of this paper.

Remarks begin on page 4 of this paper.



# TRANSMITTAL FORM

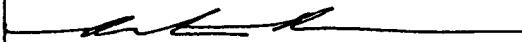
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	6	Attorney Docket Number	PP00926.106 (2300-0926.05)
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## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply (5 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
	<input type="checkbox"/> Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Chiron Corporation		
Signature			
Printed name	Roberta L. Robins		
Date	March 25, 2005	Reg. No.	33,208

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Denise M. Vaillancourt	Date
		March 25, 2005